



Dep't Ref # 307
DIVISION

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6/15/04

James C. Baker
Attorney of Record

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: David I. Watkins, et al.
Serial No.: 09/869,753
Filed: December 17, 2001
For: VACCINATION METHOD FOR EFFICIENT
INDUCTION OF CYTOTOXIC T LYMPHOCYTE
RESPONSE
Group Art Unit: 1632
Examiner: Q. Li

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

2004 JUN 25 PM 3:28

REQUEST FOR REFUND (37 C.F.R. 1.28(a))

Dear Sir:

I. SUBMISSION OF SMALL ENTITY STATEMENT

The undersigned attorney asserts that the above-identified application is entitled to small entity status.

II. REFUND REQUEST

This request for refund is made within three months of the date an extension of time fee was paid in this application on April 30, 2004 in the amount of \$420.00 extension of time fee.

III. FEES PAID FOR WHICH REFUND REQUESTED

☒ extension of time fee

AMOUNT OF
REFUND
REQUESTED
\$210.00

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5-03

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
960296.95874

In re Application of David I. Watkins

Application Number 09/869,753

Filed 12/17/2001

For VACCINATION METHOD FOR EFFICIENT INDUCTION OF ...

Art Unit 1632

Examiner Q. Li

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
- ☒ Two months (37 CFR 1.17(a)(2)) \$ 420.00
- ☐ Three months (37 CFR 1.17(a)(3)) \$ _____
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) \$ _____

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 17-0055. I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.

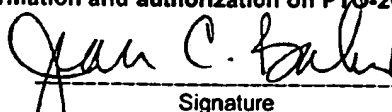
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

April 30, 2004

Date

414-277-5709

Telephone Number


Signature
Jean C. Baker
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case.

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Adjustment date: 07/29/2004 EEKUBAY1
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